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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 8 / 5
	CEASED NAME SIRST	lampton Emory	Brown, Jr.	REG. NO.	28 85 20 P A
3. SE	$^{\times}$ m_{ale}	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 5 17	6. AGE (IN YEARS LAST BIRTHDAY) 6. YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
2 8 2	IRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Howard Cour	
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) General Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	
a d USU	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COE 5023-1 Green M	Management
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FUNERAL DIRECTOR OF THE State Dept ORTANT: If them	27b. SIGNATURE	Millas	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1012818
ould be only the Signature of the Signat	G APP	MILLES MILLES	Columb	sia, md.	

DHMH - 16 60M 7/84

TO FUNER

(VRA 15, 4)

Barton Funeral Home, Centreville, Md. 21

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY
Nov. 2.1985 Chesterfield Cemeter
James H. Barton, Jr. 23c. DA

23d. LOCATION CITY OR TOWN Centreville

STATE COUNTY

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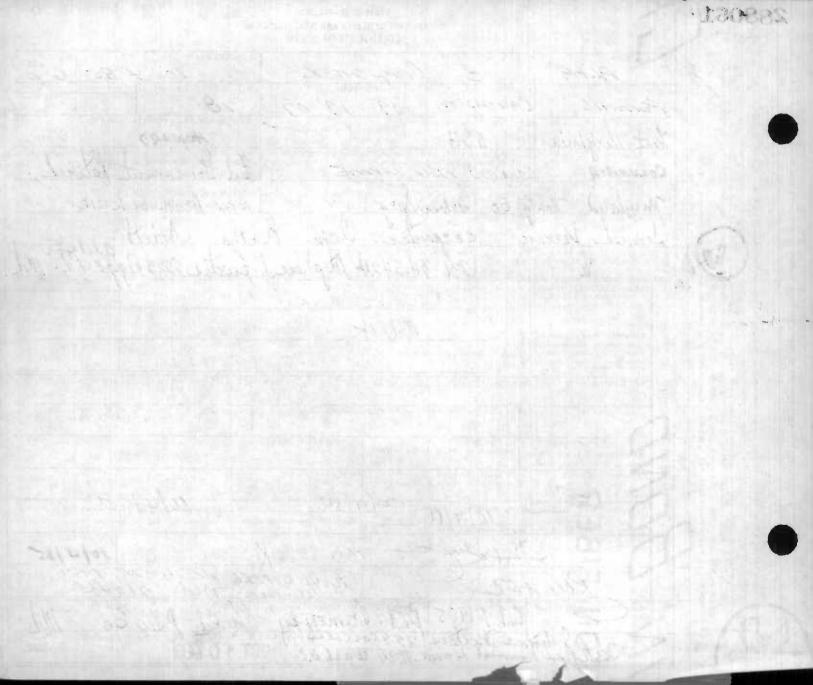
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288061 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 28. DATE OF DEATH MONTH 2b. HOUR 05 poge 3 (TYPE OR PRINT) 10 IF UNDER TYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE **HOURS** YEAR (AUCASION CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HOWARD WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h K940 OF BUSINESS OR COLUMISI 13d INSIDE CITY LIMITS? 16¢ WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN IF YEL GOT WAR OF DATES EVEN NO OR LINEYOWS 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20e AUTOPSY? 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETTHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE STREET AT WORK NOT WHILE 220 I certify that (I) (this basaital) attended the decealed from and that in (my) (opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED 22h. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) ld b 236 BURIAL CREMATION SREMOVAL CITY OR TOWN 24 FUNERAL DIRECTORS 25 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

11	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	
16	3 SE	CEASED NAME FIRST E OR PRINT)	76 CITIZEN OF WHAT COUNTRY? 8 MA	ATE OF BIRTH MONIH DAY ARRIED NEVER MARRIED DIVORCED DIVORCED ME OR OTHER INSTITUTION	REG. NO. 20. DATE OF DEATH MONTH AGE INVANIANT MEMORY YES 9. BALTIMORE CITY OF COUN	IF UNDER LYEAR OF UNDER 21 HRS MONTHS DATS HOURS MIN. TY OF DEATH MD. 12b. KIND OF BUSINESS OR
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grene prior to burial, crem;	CERTIFICATION	HISTIOCYTIC	DUE TO, OR AS A CONSEQUENCE (1) CONDITIONS CONTRIBUTING TO DEATH LYMPHOMA . 170 196. CONDITION FOR WHICH OPER.	REMAL FALLA, BUT NOT RELATED TO THE TERM MAHIVE ATION WAS PERFORMED	AL CATA AINAL DISEASE OR CONDITION OF PUL. EMBOLL 200. AUTOPSY? YES [] NO[]	VES, WERE FINDINGS USED THEY IN CAUSES OF DEATH? YES NO NO
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5 60M 7/B4 15, 4)	5	LACK FUNERAL A	time ELLICOTE	17 MP 21013 0C		Lavidson-Aandell

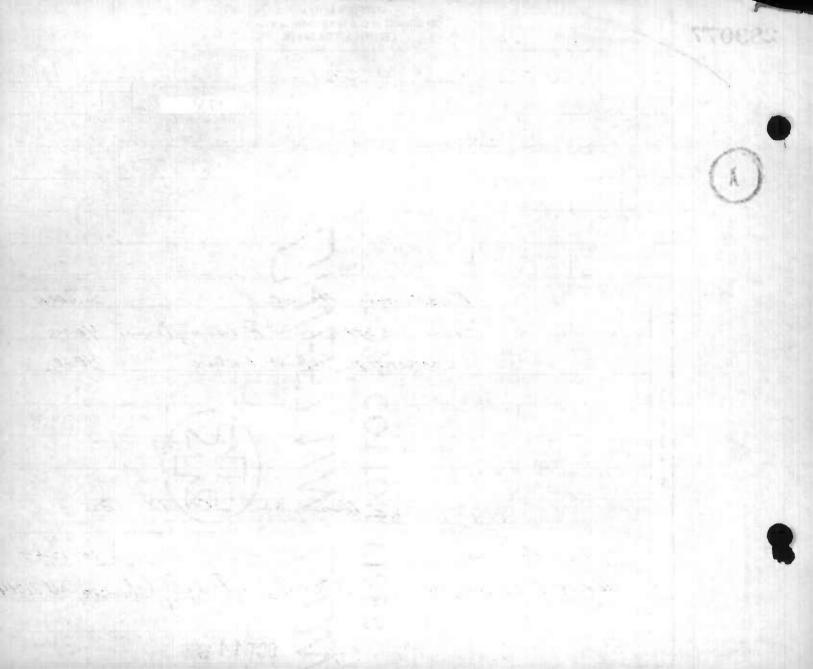
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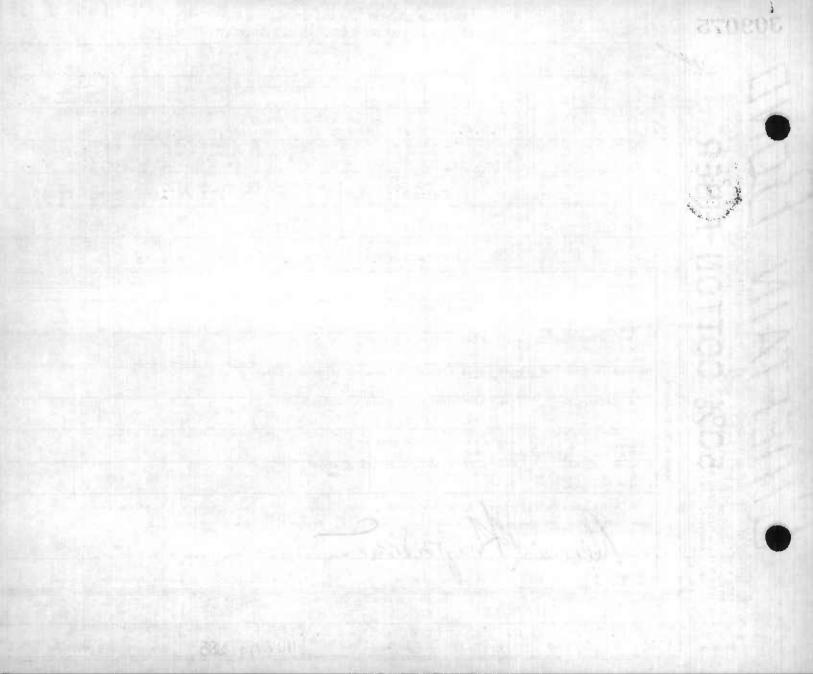
TO FUNERAL DIRECTOR:

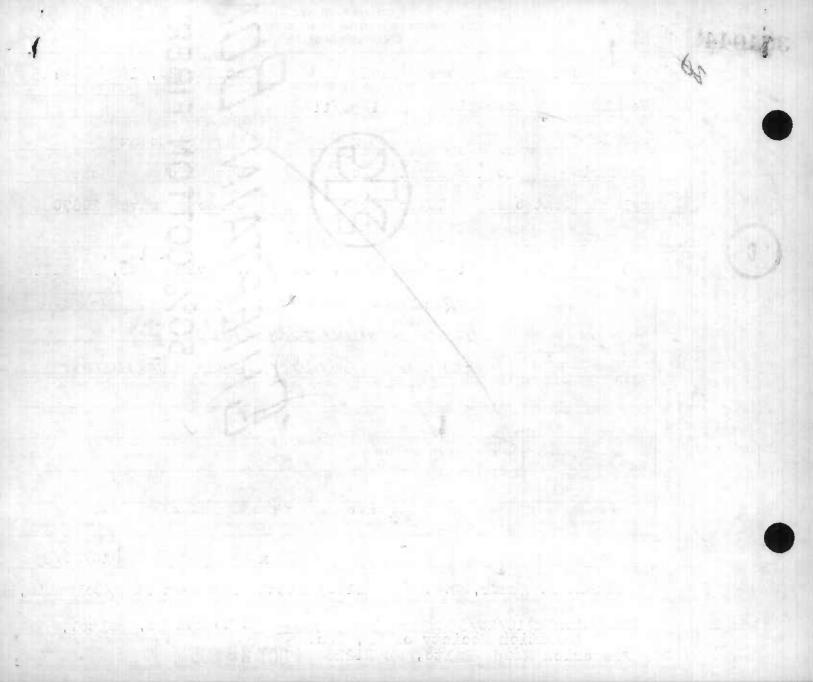
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 289077 CERTIFICATE OF DEATH REGISLMAR STEPHEN K. CHOHANY REG. NO 20 DATE OF DEATH MONTH 1 0 DA 2 YEAS 5 26. HOUR 0 4. RACE DATE OF BIRTI 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS HOURS October 5,1906 To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio (ount IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRYS DOTTING Retired Manager Goods SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 21043 13e STREET ADDRESS 8760 C 13d INSIDE CITY LIMITS? Town & Country Blvd. Maryland Howard Ellicott City FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Balesz Chohany Julia Horvath 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW II 365-01-4548 Margaret Chohany Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 2 E SPIRATORY Sugaran IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF 16 CHRONIC OBSTRUCTUE Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONSERTIVE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 90 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ 11 19 8 5. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased olive an. above, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with the 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10/15/85 Garrison Forest Veterans Owings Mills Maryland 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAHURE Leroye M. & Russell C. Witzke Euneral Homes P.A. DHMH - 16 60M 7/73 (VRA 15 (4)) 1630 Edmondson Avenue, Catonsville, MD. 21228

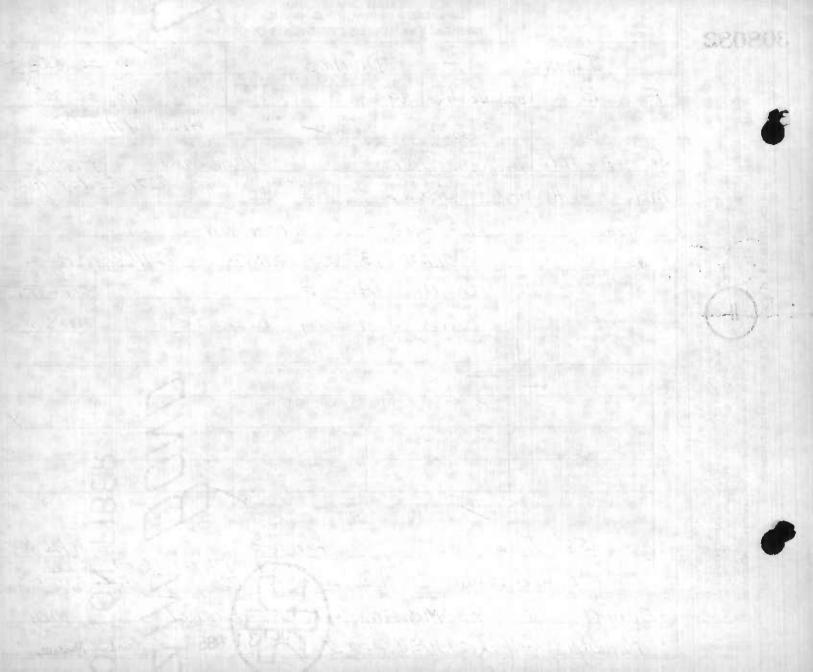


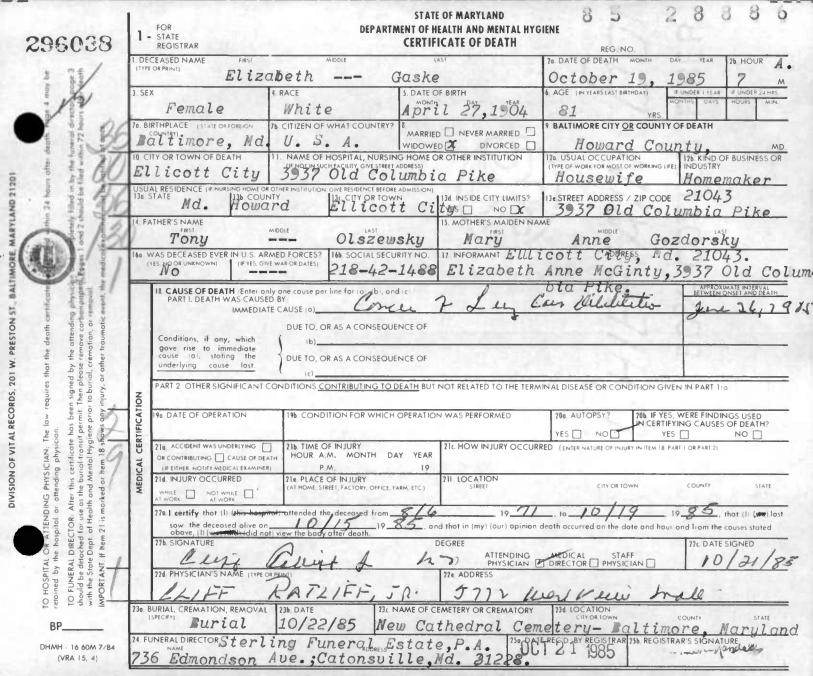
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COLUMDIA ANALYLAND STATE STATE	STANKS.	ni.cii	TY OR TOWN	OF DEA	TH					OR OTH	ER INSTITUT	TION	120 USU	AL OCCUP	ATION (TYP	E OF WORK	112b KIN	ND OF BUS	SINESS
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AND ASSISTANT MEDICAL EXAMINER SIGNED 10-29-85 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 O7/84 BP 236. BURLAL, CREMATION, REMOVAL 236 DATE 11/1/85 Westview Crematory Crematory Cremation 11/1/85 Westview Crematory Crematory Cremation Maryland	MAIN SEE FROM THE		death results	Silve	Nature	of coupe X	1	Accident		ide 🔲	, Homici	ide .	Undeter	rmined moi	nner .				
AND ASSISTANT MEDICAL EXAMINER SIGNED 10-29-85 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 O7/84 BP 236. BURLAL, CREMATION, REMOVAL 236 DATE 11/1/85 Westview Crematory Crematory Cremation 11/1/85 Westview Crematory Crematory Cremation Maryland	DIR WITH			11/2		· Wes	21	9	Ma.	7	TITLE (SE	PECIFY)							
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 236. BURLAL, CREMATION, REMOVAL 236 DATE 11/1/85 Westview Crematory Crematory Cremation 11/1/85 Westview Crematory C	ZHEZHW.			le	Lu	PLY	MU	11/	In	1/M	D. ASS	istan	L MEDIC	CAL EXAM	INER	DATE	ED_10)-29-	85
07/84 BP Cremation 11/1/85 Westview Crematory Catonsville Maryland	MEDIC CUTE SE 4 S FUNE TIMOS	/	EXAMINER'S (TYPE OR PRIN	NAME NT)	Denn	is F.	Smy	th, M	.D.		ADDRESS	111	Penn	St.,	Balto)., M	id.	2120	1
07/84 BP Cremation 11/1/85 Westview Crematory Catonsville Maryland	5 A S S S S S S S S S S S S S S S S S S	23a.BU	IRIAL, CREMA	TION, RE	MOVAL 2	b DATE		23c. N	AME OF CEM	ETERY O		RY							
		C	rematio	on	1	1/1/8	5	We	stview	Cre	matory		Ca	tonsv	ille	COU	NTY	Mary	and
25M PHMH-17 2LETRY M. & Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE	25M	2Le	HERAL PAREC	T&R R	ussel	1 C. W	litzl	ce Fu	neral	lome	s P.A.	So. DATE R	EC'D. BY R	REGISTRAR	25b. REGI	STRAR'S	GNATI	URE	
(VR A15 ME (5)) 5555 Twin Knolls Road, Columbia, MD. 21045 NOV 01 1985		55.	55 Twit	ı Kn	olls i	Road,	Colu	umbia	, MD.	2104	5	NOV				1.	70	platte	선

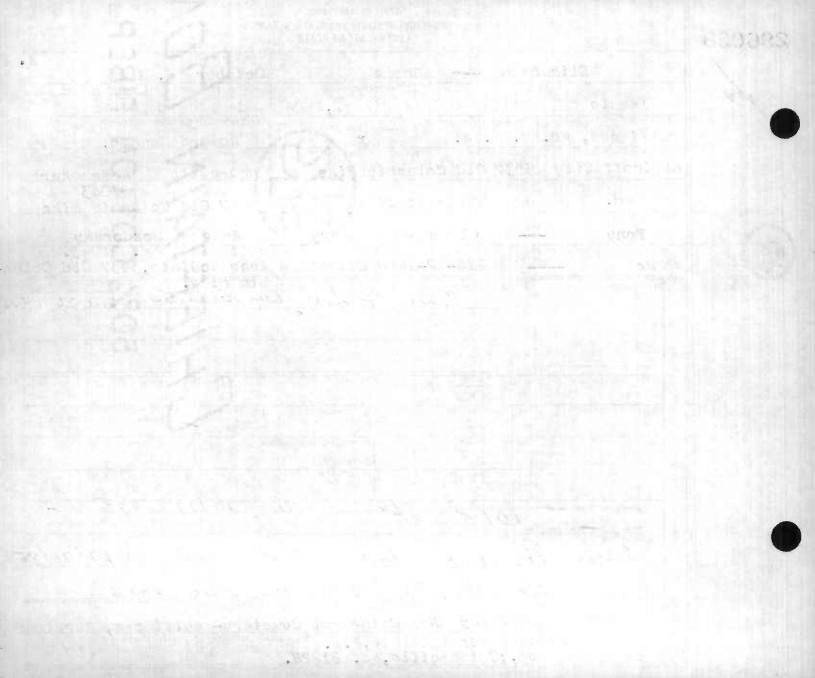




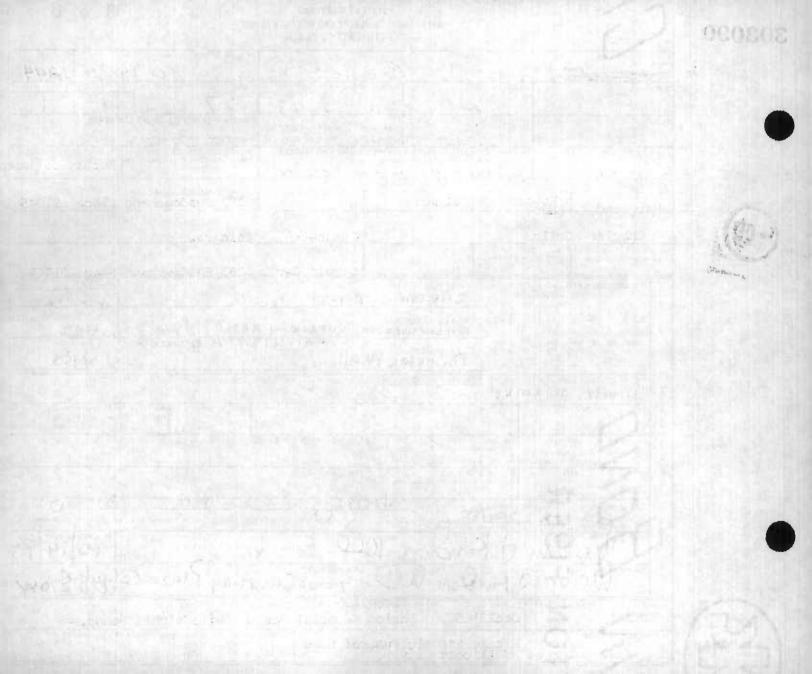
	1,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 8 8 5
308082	1.	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST 70 DATE KNOWN OF ESTI-	100 J 100
25 S. S. S. F.		JANNIE	- DUNIAD DEATH MATED 10	26 10 85 85 M
E FEE	3 SE	X 4 RACE	5. DATE OF BIRTH ANNIH DAY WAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 24 HOUR
ON STATE		FB	02 20 96 89 YRS. DEAD 10	26 1985 M
IS NECESSARY, PLEASE E FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. ED. WITHIN 72 HOURS I W. PRESTON STREET,		OREIGN COUNTRY	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COU	NTY OF DEATH
S FOR	4	NC.	U.S.A. WIDOWED DIVORCED HOWAYA	MD
	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCMFACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK) (IF NOT IN SUCMFACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
DELAY 1 TO TH N PAG 1 PE FIL	14	essup, Md.	7271(edar Hve. Momenaker	HE HONSE
D. 21201 IF ANY DELA 2, AND 3 TO 3. RETAIN P 5. SHOULD BE ALRECORDS.	130	STATE 13b. COUNT	DROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY 13 CITY OR TOWN JESS 12 P 13d. INSIDE (ITY LIMITS? YES NO 11 13e. STREET ADDRESS 727/ (YES NO 11	edar Ave,
MD. 7	14, F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	2011
DEATH. IF DEATH. IF GES 1, 2, M PM 3. AND 2.S OF VITAL		FIRST	MIDDLE DANPANT TINKMANN	LASTY
	16a.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	,
Z Z ≥ T \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		NO (IF YES, GIVE	3/7-20-9937 Wrs. Daisy Moore 7271 (e)	dan Ave.
· ~ · > · O		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.		PART I DEATH WAS CAUSED	DBY: TE CAUSE (0) Cardine ArresT	SIMUITI
N ST ST NO			DUE TO, OR AS A CONSEQUENCE OF	
W. PRESTON MINE ACCURATE MINE ACCURATE OR REMOVAL		Canditions, if any, which gave rise to immediate	(b) Coronary Artery Disease	415,
		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
S, 201			(c)	
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "THE PROPICAL EXE PROPICAL EN REDICAL EXE PROPICE OF HEALTH AND MODE OF PRIOR TO BRIGHT AND MODE PRIOR TO BRIGHT AND MODE OF PRIOR TO BURBLE	NO	PART Z UTHER SIGNIFICANT CONUITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
TAL RE- HOULD RD "PER HIEF M USED A OF HEA OF HEA	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	28. AUTOPSY?
SHOUL ORD "1 CHIEF SE USED	I F			YES NO
OF ATE	7 8	210 EXTERNAL CAUSE WAS	116 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2]
ARTOUR PARTICIPANT	CAL	CONTRIBUTING CAUSE OF	DEATH P.M. 19	
SCERTIFICATE SH STRING THE WOR ROBED TO THE CO FE 3 SHOULD BE E E DEPARTMENT.	MEDICAL	214. INJURY OCCURRED WHILE INOT WHILE IT	216 PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN C	OUNTY STATE
12AAAKE		AT WORK AT WORK		
ATE, ATE, ND, TE SIND,		22a. I certify that I took charg	ge of the remains described above, held an Autopsy 🔲, Inspection 🖭, Inquiry 🔲, and in my	opinion
WIND THE PROPERTY AND T		death resulted from: Notur	ral causes . Accident . Suicide . Hamicide . Undetermined manner .	
WAR WAR		ACTUAL S.D.	TITLE (SPECIFY)	who he
SHAN SHAN	7	SIGNATURE	M.D. 7537. DE P. MEDICAL EXAMINER SIGN	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST	1	EXAMINER'S NAME A	Minchew M.D. inness Ellicett City Me	1.21043
TO PAGE	730.1	(TYPE OR PRINT) H . BURIAL, CREMATION, REMOVAL 2	AUDITED	1121013
	130	SPECIFY	175 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY OR TOWN COUNTY OR	UNTY STATE
BP	24.1	UNERAL DIRECTOR	25 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
DHMH - 17 (VR A15 ME (5))	1	Randeloli Q.	Callie 2431 & Oliver St. 25 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S	ma Bank on
20M 4/B2		THE POLICE OF THE	and the state of t	





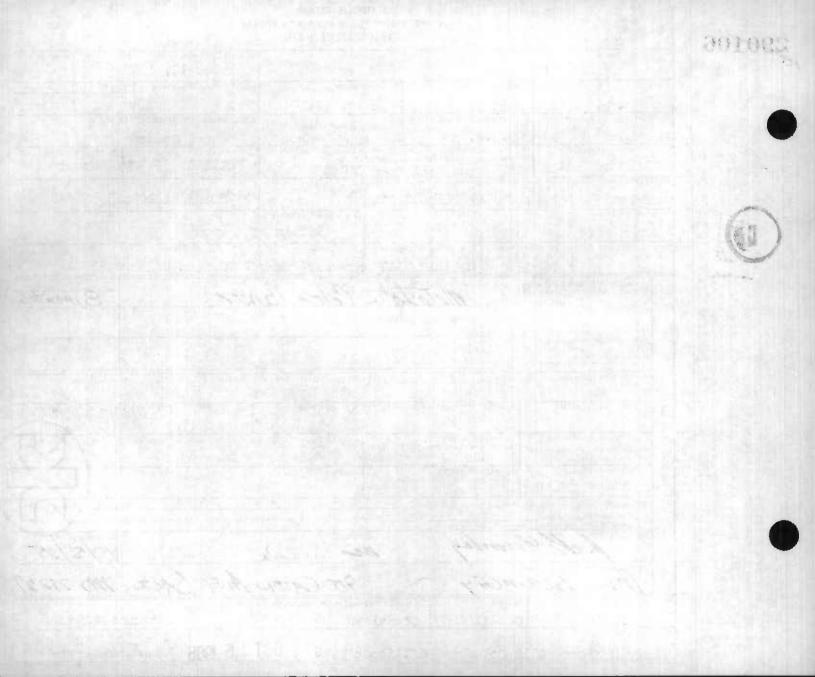


303090	1	FOR - STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND THEALTH AND MENTAL HYO IFICATE OF DEATH	SIENE 8 5 2	8 3 3 /
2 C (See)		DECEASED NAME TIRST		elles E OF BIRTH		Y YEAR 26 HOUR 2 S 1244 M UNDER I YEAR IF UNDER 24 HRS. DNITHS DAYS HOURS MIN.
to other death. Page 4 by the funeral director liked within 72 hours off	1 2	BIRTHPLACE (SPACEDINGSON COUNTRY) Penna City De TOWN OF DEATH	U.S.A. WIDO	NEED NEVER MARRIED NEVER DIVORCED	9 BALTIMORE CITY OR COUNTY OF HOWARD COUNTY OF USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OF DEATH MD. 126 KIND OF BUSINESS OR
PER MARYLAND 212	30"	Charles Gelle	ward Columbia MDDLE LAST ES	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA FIRST Jeanette.	Ise STREET ADDRESS / ZIP CODE 6383 Shadowshape ME MIDDLE Weingraw ADDRESS	Place 21045
DS, 201 W. PRESTON ST., BALTIN quires that the death certificate be signed by the ottending physicial has please renove carbon pagent to be real cremation, or removal quy, or other traumatic event, there		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF DEATH BY	Mellitus	ARTENY DISPOSE THE THE Probabile MINAL DISEASE OR CONDITION GIVE	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH ALAMATES YPS YPS YPS
DIVISION OF VITAL RECORD HOSPITAL OR ATTENDING PHYSICIAN. The law record by the hospital or entending physician. FUNERAL DRECTOR After this certificate has been vide be exceeded for use as the bundariasms germ? This Store Dept. of Health and Mental Imprise print 1. While Store Dept. of Health and Mental Imprise print 1. ONTANT: If here 21 is marked or here IS shows only in	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHITE NOT WHITE ORK AL WORK	21b TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) pital) attended the deceased from 5 29 85 19 19	211 LOCATION STREET 19 211 LOCATION GUETA COUR COUR COUR COUR COUR COUR COUR COUR	YES NO NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAI CITY OR TOWN to 10 19 death occurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE
0f 2613- BP		G. BURIAL, CREMATION, REMOVA BUELAL		FCEMETERY OR CREMATORY m Memorial Par		
DHMH - 16 50M 4/83 (VRA 15, 4)	24	FUNERAL DIRECTOR Harry 4112 Columbi	H Witzke &Familu Fun	eral Home	CT 28 1985	AR'S SIGNATURE



			FOR				E OF MARYLAND EALTH AND MENTAL	HYGIEINE 5	2 8	3 8	8
20/	ACHA		STATE REGISTRAR		ME		R'S CERTIFICATE	OFDEATH	G. NO.		
	1074	T. DE	CEASED NAME	FIRST		MIDDLE	LAST	20. DATE KNOW	NN LX WONTH	DAY YEAR	26 HOUR
9	ET. SS. S. S.	(I I I	E ORPRINT)	Doug	clas	Keith	Grantham .	Sh. OF EST	□ 10	25 19 85	, M
0	TREE CHARLES	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE IN YEA	IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH	DAY YEAR	3:50A
>	ON SOUR	MA.		WHITE	JULY 11			DEAD	10	25 19 85) 5.30A
	E STEN A SESTION OF THE SESTION OF T	FC	RTHPLACE (51			VHAT COUNTRY?	MARRIED XXIEVER MAI	RRIED 9. BALTIMORE	ITY OR COUN	ITY OF DEATH	
	3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W. PRESTON STREET,		SHINGTO TY OR TOWN		U.S.A.	SPINAL NUIDSINIO HOME		RCED Howard		112b. KIND OF E	MD
2	SHE AGE	10. C	IT OR IOWN	OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOME, FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LI	FE)	OR INDUS	
10	Z S S C	USU	AL RESIDENCE	IF IN NULL IN PHOME	OR OTHER INSTITUTION OF	32 near Rt.	108	VICE PRESIDE	NT SM	II CORP.	
15	Y SEGET		RYLAND	I COU	GOMERY	DLNEY	13d INSIDE CITY LIMITS		CC CTOI	I ANTE O	0020
g.			ATHER'S NAME				15. MOTHER'S MA	DEN NAME	22 21/0	LANE Z	0832
ZE, A	1029E41		GORDO	N	MIDDLE	GRANTHAM	FIRST	MIDDLE	(t	ILLIAMS	
WO AS				EVER IN U.S. A		16b. SOCIAL SECURITY			DŖESS	I LLII WIL	
ST.: BALTIN	S GIVE PA WITH FOR PAGES DIVISION		NO	(11 123, 011	t was on partoy		DOROTH	Y D. GRANTHAM	SAME	AS 13	WIFE
		7	18 CAUSEO	ATH WAS CALIS	ED RV.	ne far (a), (b), and (c).)			7 1	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
N N	N TEM 18. ALONG W IT PERMIT. YGIENE, D		01	5 CIMMEDIA	ATE CAUSE (a) ML	ıtliple inju					
REST	ZZ K L ZQ		Condition	s, if any, which		R AS A CONSEQUENCE C	F			7375	
V. P.	AINE TRANE		gave ris	e to immediat	e / (b)	R AS A CONSEQUENCE O	F				
2017			lying cau		(5)	N AS A CONSEQUENCE C				1200	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.: BALTIMORE, MD	ANA		PART 2 DTHER SH	INIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMI	IAL DISEASE OR CONDITION GIVEN IN	PART 1 a			
00 8	FENDING FENDIN	NO.									
NI R		CAT	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPS	Y?
ZIIV	WORD "I WORD "I WORD "I BE USE ENT OF H	RTIFI	AL EVIEDNIA	L CAUSE WAS	21b. TIME C	DE BUILDING				YES []	NO 🗆
0	TING THE WORD "FING THE WORD "FING THE WORD "FING TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF HE PRIOR TO BURIAL,"	MEDICAL CERTIFICATION		X OR G ☐ CAUSE OF		M. MONTH DAY YEAR $10 25_{19} 85$		RED (ENTER NATURE OF INJURY IN auto/fixed ob			
Sio	TING THE VED TO THE 3 SHOULD DEPARTMENT PRIOR TO	DIC.	21d INJURY C			OF INJURY (ATHOME,	211 LOCATION	auto/lixed ob	Jecc mil	Jack	
20 5	SE S	ME	WHILE AT WORK	NOT WHILE 2		ctory, farm, etc.)	Rt. 32 near	Rt. 108	co	Howard	MD
	OTE, WRITINGER CATE, WRITINGER FORWARDED OR: PAGE 38 HE STATE DEP NO. 21201 PR					escribed abave, held an	Autopsy Inspec		and in my a		
	A S O E E		death results		ural causes .		ide , Hamicide		T.	pinian	
	WITH WARY			Mrs.	a d	1/1 10	TITLE (SPECIFY)				
	4		ACTUAL SIGNATURE	Villey	arte the	eghill	M.D. Assistan	nt MEDICAL EXAMINER	DATE	ED 10/25	5/85
	MOE SELECTION OF S		EXAMINER'S	NAME NAME		N Kawall M I	11.	1 Down Ct Dr	1to MD		
	EXECUTE THE CERTIFICATE, WRITHS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYIAND, 21201 P	730 B	TYPE OR PRIN			A Korell, M.I	ADDRESS 1.1.	Penn St. Ba	alto.MD.	•	
		{30.6	BURIA	ION, REMOVAL	10/28/85		HEAVEN	CITY OR TOWN	COU		STATE
25M	BP	24 F	UNERAL DIREC			LINS, JR.	TEAVEN 250. DAT	STLVER ST	REGISTRARIS	MONT SIGNATURE	MD.
(VR A15 ME (5))					D ODDING MO	20001 DOT	29 1005 300	Day dies	francis 2	

200106	1 - STATE REGISTRAR	DEP	CERTIFICATE OF DEATH		0.
dee sh	I. DECEASED NAME FIRST (TYPE OR PRINT) ITA E	• Gray	LAST	October 13	MONTH DAY YEAR 26 HOUR
tor. pog	3 SEX	White	5. DATE OF BIRTH Dec 18, 1912	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
Poge Shours	Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN		- 9 BALTIMORE CITY O	R COUNTY OF DEATH
droth	Maryland ID CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCE		
1 100	Ellicott City	2575 Sand Hi	street address) 11 Road 21043	Retired	F WORKING LIFE) INDUSTRIBLE
1136	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 133 COL Maryland Ho	INTY 13c CITY OR	ott City YES NO	25/5Sand n	ill Road 21043
(B) 130	1. FATHER'S NAME FIRST Ira M Gray	MIDDLE LAS	15 MOTHER'S MAID FIFT	ie Gordon	LAST
W 17	160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRE	
a Ld E				Gray 2575 Sand	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic on poppe emovol.	PART I. DEATH WAS CAUS	only one cause per line far (a), (I SED BY: ATE CAUSE (a)	Istatic Colon	Cancer	BETWEEN ONSET AND DEATH BINON TUS
ING PHYSICIAN: The law requires that the death cert r attending physician. Wher this certificate has been signed by the ottending to since buriol-tronsit permit. Then please remove corbon the and Mental Hygiene prior to burial, cremation, or ren orked or Item 18 shows any injury, or other traumatic ex	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS			
quires the signed the please of the please o		CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
hos been the permit. I the prior was ony it	NO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN: The paper of the paper		EATH HOUR A.M. MONTH	1 DAY YEAR	OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
G PHYSICIAN. G PHYSICIAN. attending phys er this certifica the buriol-tro ond Mentol Hy ked or item 18	4 FEITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, O	21f. LOCATION	CITY OR TO	WN COUNTY STATE
FTENDIN outal or o TOR: Aft for use os of Health	22a 1 certify that (I) (this has	pital) attended the deceased financial view the bady after death.			, that (I) (we) last ate and haur and fram the causes stated
the hoss the hoss at DiREC setached of Dept.	22b. SIGNATURE	Hormley	DEGREE MAD ATTENE PHYSIC	DING MEDICAL STAI	FF ON
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store With the Store	121 PHYSICIAN'S NAME (TYPE	CM CF y	22e. ADDRESS 950 CA	TON AUS S	ACD MD 21224
PP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Oct 17'85	23c NAME OF CEMETERY OR CREMA Crestlawn	ATORY 23d LOCATION CITY OR TOWN	Howard Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Harry H Witzke	400	incee	25a. DATE REC'D. BY REGISTRAR OCT 1 5 1985	



STATE OF MARYLAND

NEWSTREE TO SENSE STATE AND A STREET

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			DEF		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. I	10			
1 DECEASED NAME	WILTO	N	APLEN	JOE	NSON	20 DATE OF DEATH		DAY YEA	2b HOUR	2
(TYPE OR PRINT)	WILT		A.		inson		10-	1-8		96 M
3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST 8	SIRTHDAY)	MONTHS DA		MIN.
Male		White		Marc	ch 25° 1915°		YRS			
Mashington		76 CITIZEN C	A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Howard	<u>OR</u> COUN	TY OF DEATH	14.64	MD.
Columbia	DEATH	11. NAME C	F HOSPITAL, N		ty Hospital	120 USUAL OCCUPA ETECTTCTS	TION LOF WORKING	12b KIN	Govern	
USUAL RESIDENCE (IF 130 STATE Delaware	13 M COUN Suss	ITY	13t. CITY OF Selbyv	RTOWN	YES NO X	13e STREET ADDRESS 40 Clevel			1999	14
Harold L.	Johnso	MIDDLE	la:	ST	Marte G.	Gartner Gartner			LAST	
160 WAS DECEASED E	VER IN U.S. AR	MED FORCES E WAR OR DATES	7 166 SOCIAI 577 07	9593	Eleanor C.		SAme	as 13e		
18 CAUSE OF D PART I. DEAT			CALD		hrest				ROXIMATE INTERVEEN ONSET AND E	4
	Conditions, if ony, which gove rise to immediate							5	udde	u.
gove rise to couse (o), s underlying c	toting the	DUE TO,	OR AS A CON	SEQUENCE OF	Recosis			14	Ears.	
	SIGNIFICANT (CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN PAR	Tho	
190 DATE OF OP	ERATION	19b. COP	NDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CER	YES, WERE FIN TIFYING CAU YES	NDINGS USED ISES OF DEATH NO	H?
A CONTRACTORIZATION	No.	TH HOUR	OF INJURY A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN	JURY IN ITEM I	B PART I OR PART	2)	
21d INJURY OC		21e PLAG	CE OF INJURY STREET FACTORY		211 LOCATION STREET	CITY OR	TOWN	COUNTY	57	TATE
220.1 certify the					nd that in (my) (our) opinion	deoth occurred on the		_	the couses sto	
22b. SIGNATURE		eun	ie =	-0	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	22c. D	ATE SIGNED	_
22d PHYSICIAN			it, M	.0	10802 Hick	iony Ridge	Pd,	Colum	Gig Na	d.
230 BURIAL, CREMATI		10-4		Fort Lin	emetery or crematory acoln Cemetery	Brentwood	, P. G.	Mary		FATE
24 FUNERAL DIRECTO	Francis	Gasch	's Sons	Funera Te, Md.	1 Home P. OCT	7 1985	REG	HOTRAR'S SIC	Parasee	

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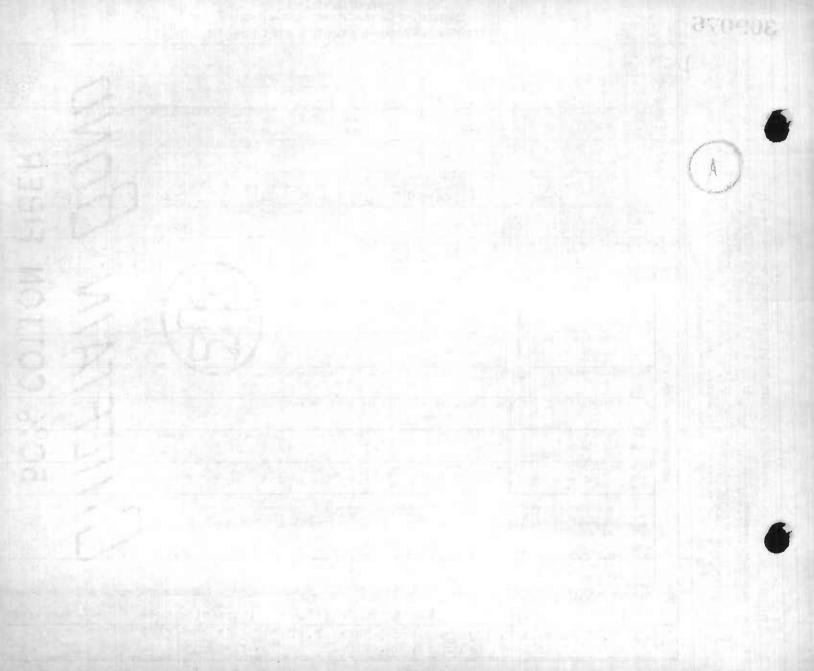
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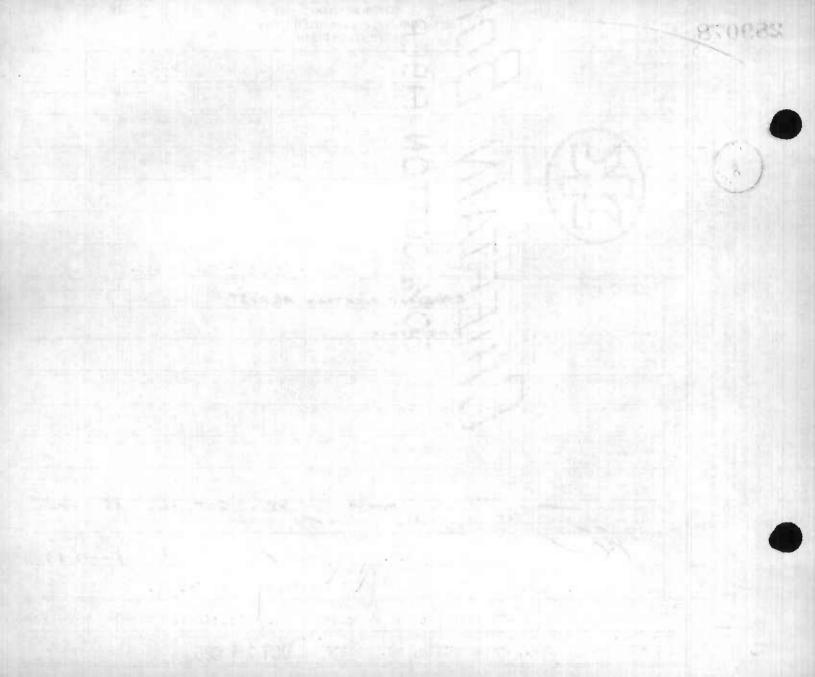
20	9076	1.	FOR STATE			1	DEPART			ARYLAND AND MEN		GIENE	5	28	3 9	and the
30	13010		REGISTRAR			MEI	DICAL	EXAMIN	ER'S C	ERTIFICA	ATE OF	DEATH	REG.	NO.		
		1. DE	CEASED NAME	FIRST			WIDDIE			LAST		20. D.	ATE KNOWN	MONTH X	DAY YEAR	26 HOUR
	23 55 55 FF		CORTAINT	Hoa	na		Viet		Ma	ai		DE	OF ESTI-	<pre>0 10/</pre>	30/1985	l M
	PIEAS FILES FOUR FOUR STREET	3. SE	(4 RACE	5 DATE	OF BIRTH	YEAR	6. AGE (IN YE			UNDER 24		DATE	MONTH	DAY YEAR	29:42
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	TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: BATTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		(TYPE OR PRIN	VT)	ennis		_			DDRESS		Penn S				
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

303087	1.	FOR 10-31-85 I	D.W. DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 S	28373
may be page 3		CEASED NAME FIRST JOSEP	Joseph Millet	millet	October	22, 1985 26 HOURS
ge 4 may ector, page s offer de	3 SE		White	5. DATE OF BIRTH MONTH DAY 1886	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oth. Poge 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	
ofter dec		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION ADDRESS ADDRESS HOS	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Retired	126 KIND OF BUSINESS OR
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	V	PART I. DEATH WAS CAUSE	oly one cause per line for 101, (b), or D BY. TE CAUSE (o) Cardica	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ummedicte
death offen		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQU			10 days
that the day the slease ren		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	,		z weeks
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The low ricion. The hos bee ssit permit. Grene prior	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			ERTIFYING CAUSES OF DEATH? YES NO NO
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NG PHY offer this os the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	CALL BOTH CALL	CITY OR TOWN	COUNTY STATE
ATTENDI Spitol or CTOR A Ifor use of Heol		above (1) we) (did) (did no	tal) attended the deceased from		death accurred on the date and	, 19, tho (1) we) last d hour and Iram the couses stated
by the hory the hory the horteners detached		226 SIGNATURE	Farres, M.	DEGREE ATTENDING PHYSICIAN		
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the Stote			PARNES	Columba,	mo 21044	ny Pkwy
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		Name of cemetery or crematory estview Memorial Pk		Balto. Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director rry H Witzke 41	12 Columbia Rd E	Ellicott City Md 00	T 2 8 1005	EGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND M			G. NO.				
		CEASED NAME OR PRINT) Thom	AS		ruzzi, J		AST	1-10	Oct: 5	1985	DAY YEAR	3:4	9p M	
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)				ruzzi	LAST		Í	ëna	Salpí		LAS			
	[7	/AS DECEASED EVER ES NO OR UNKNOWN) ES		WAR OR DATES)	568 38	9254	Sherry Clark	D. Esvill	Peruzzi Le, Mary	14075 land 2	1029_			
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		URIAL, CREMATION,	REMOVAL	23b. DATE	95 T	NAME OF C	EMETERY OR CE	CXCM	23d LOCATION		COMP. N	5.7	STATE	

DHMH - 16 60M 7/84

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Gary Kaufman Funeral Home 5695 Main St Elkridge, Md. 21227 (VRA 15, 4)

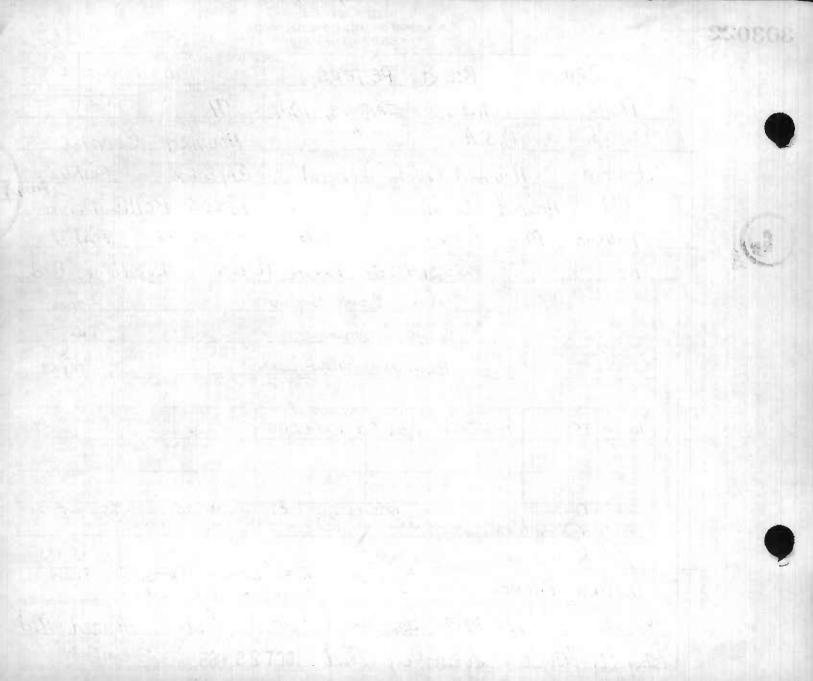
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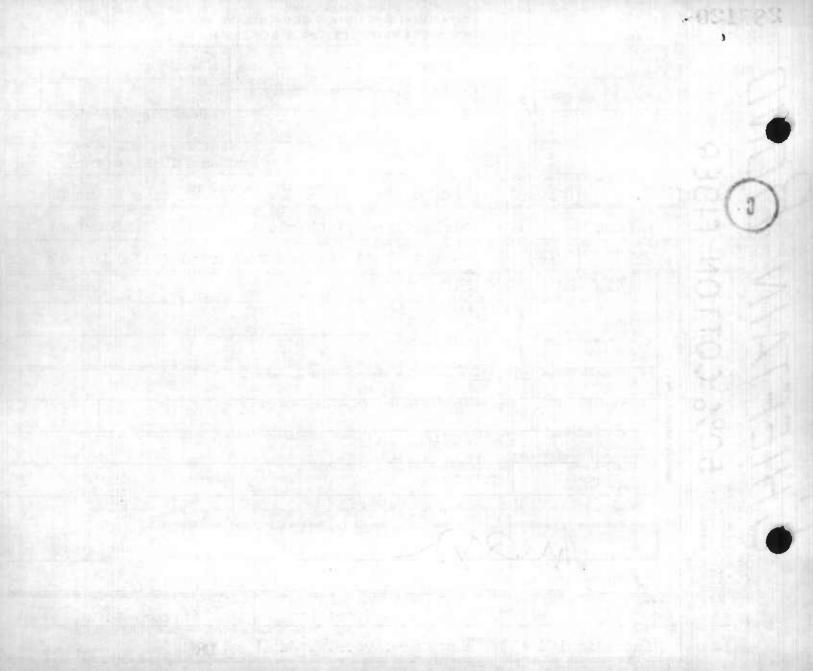
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303022	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	SIENE	
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
n e		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3 deoth deoth		JAMES	Robert	PETERS	10 -	d5-85 4 p m
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deat deat deat deat deat		Conditions, if ony, which	(b) Bowd			Days
the the remo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NGE OF . O	1	4 90
that that d by ease ol, cr		underlying cause last	1 mese		as	Montes
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert cattending physician. The this certificate has been signed by the attending as the burnal-transit permit. Then please remove carbon th and Mental Hygiene prior to burnal, cremation, ar ret arked or them. I8 sino carry injury, or other traumatic ex-	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11a
BCO Dw re beer prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED
he to an. has	TIFIC	10.20.85	Persistent up	per GI bleeding	YES NO NO	RTIFYING CAUSES OF DEATH?
DF VITA Thomselvente infrience infr	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART ?)
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IVIS JOSE THE STATE OF THE STATE OF THE ST	2	WHILE NOT WHILE AT WORK	TAL HOME STREET, PACTORY, OFFICE PA	ARM, ETC.)		3,11,1
NDB NDB S Affection			al) attended the deceased fram_	10-18 19 85		
CTO CTO for of h		saw the deceased alive an	view the bady after death.	, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
OR A DIRECTOR OF A DOEPT.		27h SIGNATION		DEGREE		224 DATE SIGNED
(All All All All All All All All All Al			Les	MD ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	10.57 .82
HOSPITAL bined by th FUNERAL build be detr th the Stote		22d PHYSICIAN'S NAME (TYPE OR		22e ADDRESS 11085	LITTLE PATE	DYENT PKWY
TO HOSPIT retained by TO FUNER should be d with the Sto		WILLIAM PA	RNES	COLUMI	BIA MD 21	044
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(VRA 15, 4)		ally W. Hough	t Sypeville	, 111d, OCT	28 1985 Mian	Savidoin-Randalle 1
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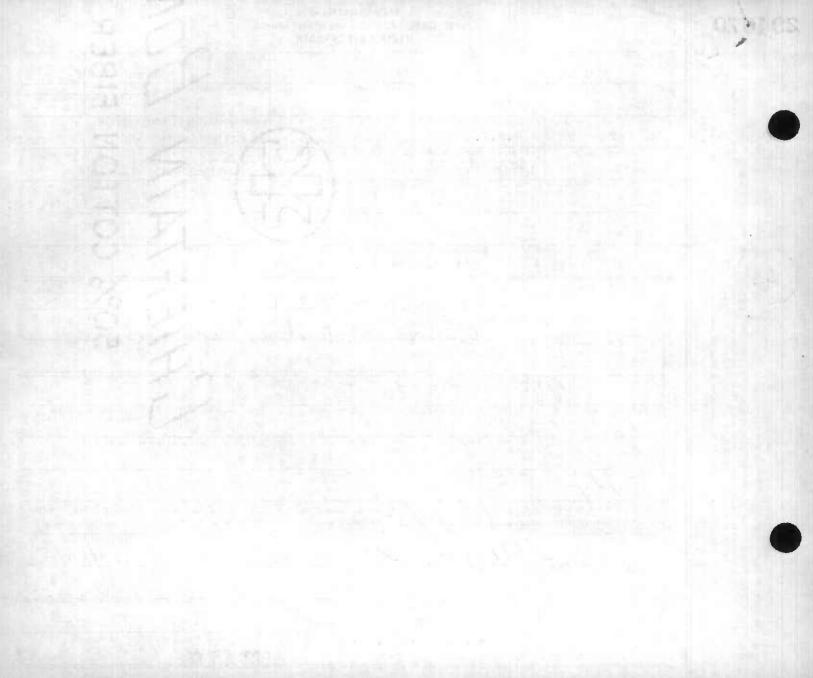
Harry H Witzke 4112 Columbia RdEllicott City

(VRA 15, 4)

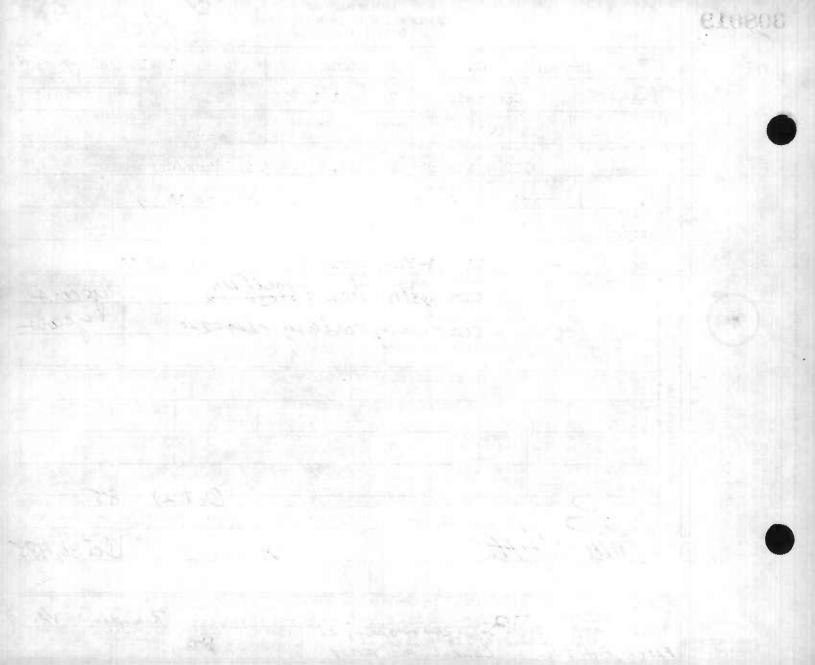
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y	S NECESSARY, PEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS M-RESTON STREET,	3. SE		lack	DATE OF BIRTH	25	6 AGE (IN YEAR LAST BIRTHDAY	() MONTH	DER 1 YR. IF U	URS MIN	PRONOUNG DEAD	CED	10	7 1	vear 85	3:35 A M
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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2			t I taak charge a	the remains des	Accident		Autaps	Hamicide TITLE (SPECI	IFY)	Inquiry attermined man	nner ,	DATE SIGNED	10-	7-85	
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ZOM	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR Hines/Ri	naldi	11800 PRESS	New H	lamp.A	ve.	5.S.Md	OCT	9 1985		TRAR'S SI			2.



(VRA 15, 4)



308019	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL ICATE OF DEATH		REG. NO.	2 8	3 9	US	
		EASED NAME	FIRST		WIDDLE		AST	24. DATE OF D			YEAR	2b. HOUR	
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or, pa	3 SEX	Male	1	RACE	asian	S DATE (& AGE IN YEARS		MONT	HS DAYS	HOURS MI	
Page 1		THPLACE (STATE OF					31 1030		Y	rs.	200		
death.	CO	Ohio		US		WIDOW			city or coi	UNITOF	DEATH		
ors after		roriownofd Jessup	100	(IF NOT IN SUC	CH FACILITY, GIVE	STREET ADDRESS)	NG HOME OR OTHER INSTITUTION ADDRESS) ausen Rd.		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Minister/Carpenter				
n 24 hor	USUA! 13a ST	ATE	HOWA	THER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	134 INSIDE CITY LIMITS YES NO X		DRESS	2	179	4	
pletel d 2 sh	14 FAT	HER'S NAME FIRST Daniel		POLE	LASI		15. MOTHER'S MAIDEN FIRST Matil	NAME	NOOFE TT	- C	Hilty		
a com	16s. W.	AS DECEASED EVE				SECURITY NO.	17 INFORMANT	aa	ADDRESS	F	тттту		
e be e be an and Paget	JAE	s, no or unknown	(IF YES, GIVE W	AR OR DATES)	218-0	1-2754	Doris She	nk s	ame a	s 11			
e law requires that the standard by the at it. Then prises reposing price to barrial, creating we arey rightly, or other	§ [Canditions, if an gave rise to ir cause 101, stal underlying cau	nmediate ing the se last GNIFICANT CO	nditions <u>c</u>		O TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	Y? 20b.	IF YES, WI	ERE FINDIN	IGS USED	
N: Th	FE		10.30	-				YES N	o linc	YES [OF DEATH?	
YSICIA obysiciar obysiciar scertific al-transit ental Hy		718 ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH			DAY YEAR	214 HOW INJURY OC	URRED (ENTER NATUR	OF INJURY IN ITE	M 18, PART T	OR PART 2)		
NDING PH attending is 3: After thi as the buri sith and Mi	¥	WHILE OCCU	RRED WHILE O		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC)	211 LOCATION STREET	Cr	Y OR TOWN		COUNTY	STATE	
AL OR ATTENITHE hospital or at the hospital or at AL DIRECTOR: stacked for use as the Dept. of Health IT: If Item 21 is:		22e I certify that (saw the deced above (1) we	I) this hospital			,19, o	, 19, 19	G _ MEDICAL	STAFF	d hour and			
TO HOSPITA TO FUNERA Hould be det with the Stat			AME ITTE CHE	Contract of the last			22e ADDRESS			_		~~1.10	



But the William and But provide the first the district the second suitable a sale of the base of paragraph of the AVT / AVT Land Merick Self January State Com The hard one continued the the Chiefled Eliminated lang share a 138 138 138 138 138 138 ALMON IN THE STATE OF THE STATE KINDER H. LEEL YOU'VE PROCESSES come of a first of the second of the second

OR ATTENDING PHYSICIAN: The low requires that the death inflican the executed within 24 hours office has pited on otherwise physician.	DIRECTOR. After this certificate has been signed by the other companies and completely filled in by the behad for use as the busial-transis permit. Then please removing companies transact and 2 should be filled to
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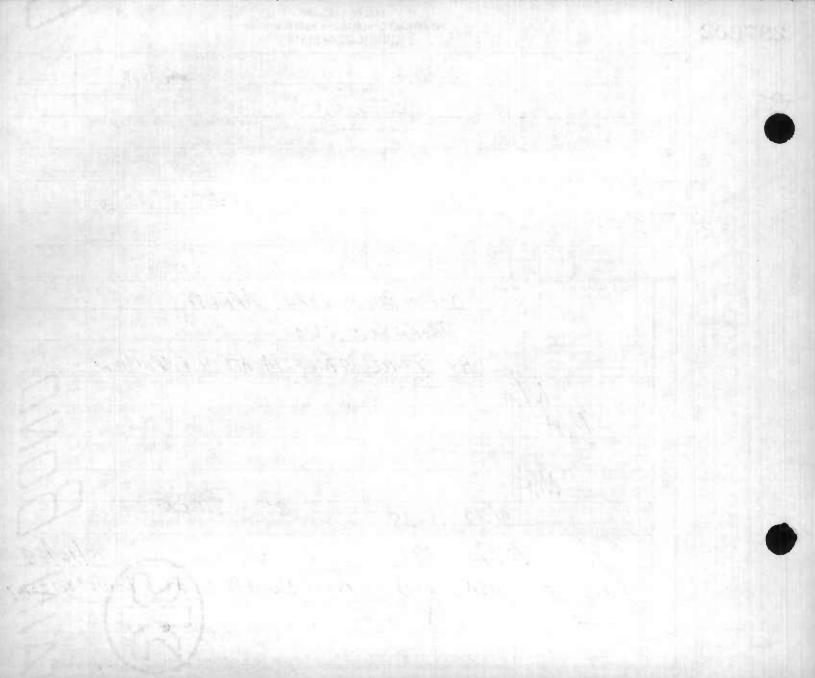
STATE OF MARYLAND	0	5
PARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		REG. NO

	FOR Film G609 it 1 - STATE REGISTRAR 11/6/85 ng		DEPARTMENT OF	HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE REG. NO.	6. 0 7	0 /
ł	I. DECEASED NAME F#ST	MID	DIE	LAST	20. DATE OF DEATH 1 MON	TH DAY YEAR	26. HOUR
ł	Daniel		Slane		October 15	1985	3am M
ł	3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	Y) # UNDER TYEAT	R IF UNDER 24 HRS.
Į	male	white	Janu	lary 5, 1893	92	YRS. DAYS	HOURS MIN.
1	70 BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WH	HAT COUNTRY? 8	IEDXX NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
1	Pennsylvania	USA	WIDOV		Howard		MD.
1	10 CITY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
1	Highland	12698 Ro	ute 216		brakeman		lroad
	USUAL RESIDENCE IN NURSING HOME 130. STATE 13b. COU Md HOWO	JNTY 13	ve residence before admission 3c. CITY OR TOWN Highland	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIF 12698 Route		7
1	14 FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
4	John	Sla		Susan	MIDDLE	McCulloug	h
I	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	66. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
1	yes	WW 1	715 18 7843	James Sland	e same as abou		OXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	ATE CAUSE (o)	AS A CONSEQUENCE OF	LMONARY LE CVA = DEMENTIA	ARREST ATRIAL FIB	RIVATION	
	PART 2. OTHER SIGNIFICANT	CON ITIONS CON	TRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	ÁINAL DISEASE OR CONDITIO	ON GIVEN IN PART	lio
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OPERATI	ON WAS PERFORMED		6. IF YES, WERE FIND I CERTIFYING CAUSE YES	
		EATH HOUR A.M.	NJURY MONTH DAY YEA 19	R	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	- 1
	OR CONTRIBUTING CAUSE OF E	210. PLACE OF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did)	on 9/2/	19 \$5	ond that in (my) (aur) apinion	death occurred on the date of	and have and leam th	
	22b. SIGNATURE	Man	_10		MEDICAL STAFF DIRECTOR PHYSICIAN	- 10	16/85
	22d PHYSICIAN'S NAME (TYPE	CASA	15 MI)	1420/ Law	rel Pk Dr. #27	21 Laure	(Kel 20707
	230 BURIAL, CREMATION, REMOVA ISPECIEY) Burial	Oct. 19	1001	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	O D	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Dönaldson Funeral Home, Lawrel, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		حالينا	THE S	CERTIF	ICATE OF DEATH	REG. N	0.			
	OR PRINT)	inda	,	e C	S	mith	20 DATE OF DEATH	MONTH DAY	YEAR 85	12 PM	
Female White					S DATE O		6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.	
				WIDOWE			Howard	Ē	MD		
				AFACILITY, GIVE STREET A	174b	reneral Hosp.	170 USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE OR THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFF	OF WORKING LIFE) I	NDUSTRY	rnment	
	AL RESIDENCE (IF NURS STATE Md.	Howa.		I3t. CITY OR TOWN Fultor	V	134 INSIDE CITY LIMITS?	8125 Mur	zip code ohy Rd.		20759	
14. F.A	Walter	Le		Wiley		15. MOTHER'S MAIDEN NAM Alice		Jenkins			
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		217-44-		Charles S.	ADDRE Smith	same a	s 1:	3e	
MEDICAL CERTIFICATION	PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF L(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a)									yss.	
	190 DATE OF OPERATION 196		196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	IN CERTIF		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO		
	21b. ACCIDENT WAS UNDERIVING			M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE FA e deceased from 19	19 (RM, ETC.)	211 LOCATION STREET 19 d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 27e ADDRESS 2 for Columbia	COUNTY	that (I) (we) last causes stated SIGNED \$ 5			
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached MPORTANT. If he

Item 18 shi

24 FUNERAL DIRECTOR FLECK F.H.

Crem. /Burial

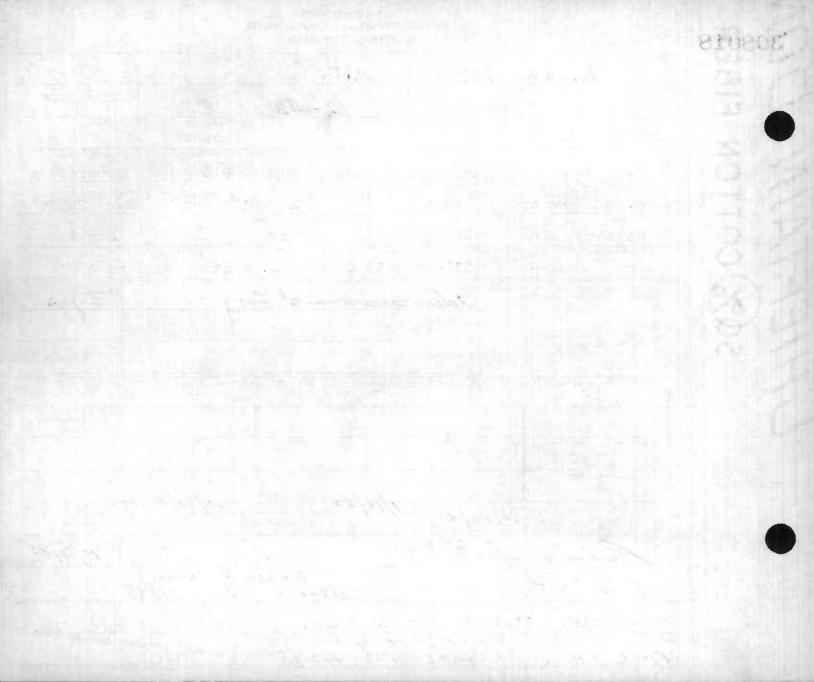
11/2/85 Mt. Zion Cem
760/ Sendy Spring Rd.
ADDRESS MD 207 LAUREL

73d LOCATION
CITY OF TOWN
Fulton Mt. Zion Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRARIC CONTACT

Howard

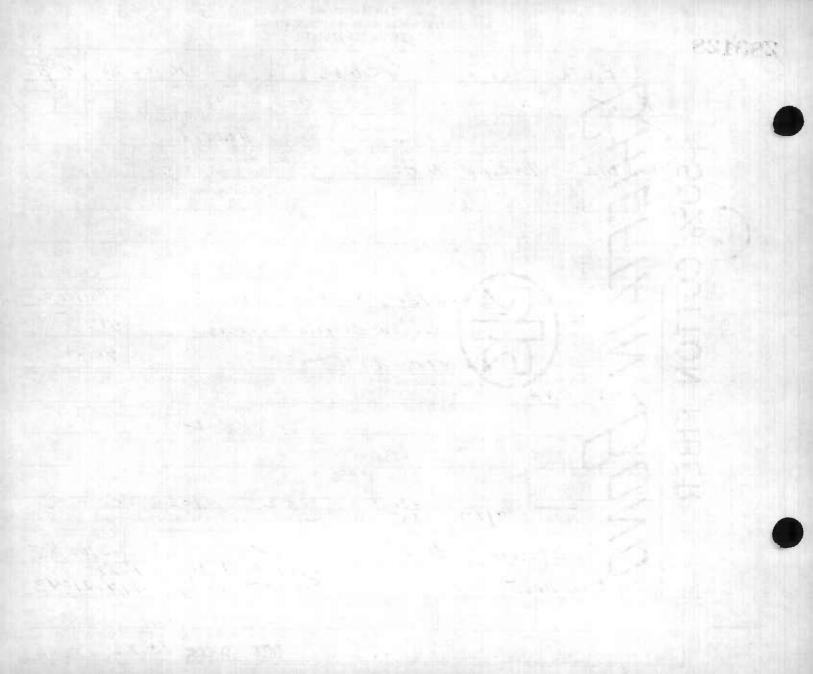
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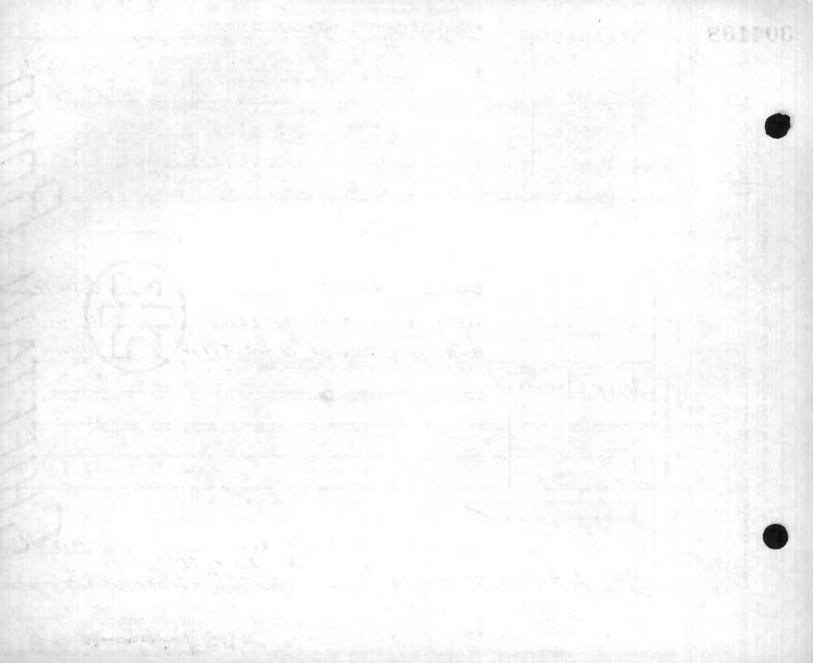


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STATE OF MARYLAND



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004	100	1.	FOR STATE	`	ME	DICAL EX	A MINED'S	CEDTIEIC	ATE OF	DEATH				
304	138	1.0	REGISTRAR ECEASED NAM	F FIRST			AMINER 3	LAST	ATEOF	DEATH	REG. N		DAY YEAR	76 HOUR
	W W L		YPE OR PRINT)	Bob.	ROBERT	P.	51			011	ESTI-	10	2719 86	- 404
	S NECESSARY, PIEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. E) WITHIN 72 HOURS W. PREKTON STREET,	3. 5	EX	1 RACE	S DATE OF BIRTH		AGE (IN YEARS IF	JNDER 1 YR.	IF UNDER 24		ATE	HTHOM	DAY YEAR	2d HOUR
	Z S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		n√ale	White	MONTH DAY		S YRS.	NTHS DAYS	HOURS M		DUNCED	10	27 1085	- 53
-	A ALDY YOU	70.	BIRTHPLACE (S		76. CITIZEN OF W		2 8			9 BAL	TIMORE CITY		TY OF DEATH	1
0	NA SA	10	ennsylv	enia	U.S.A. WIDOWED DIVORCED Howard Count						— County	EV AAD		
	AY IS N THE FU AGE 5 FILED,		CITY OR TOWN		11. NAME OF HO			THER INSTITUT		20 USUAL OC	CUPATION (TY	-	126 KIND OF BI	
	A PER BER	0	dumk	210	HOWACO	ACILITY, GIVE STREET	ADDRESS)	Son 1	Josp.	FOR MOST OF	S NC 11	nier	Baltimo Gas. &	Elect.
-	953982				OR OTHER INSTITUTION, G	13c. CITY OR		13d. INSIDE (1	ITY LIMITES 13	3e STREET AD	0		10000	
100	COLOR		M		ward	Ellica	H Citu	YES -	NO 🔀	3713	Lig	on J	30.	21043
MD.	H NESTA	14.	FATHER'S NAM		MIDDLE	LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDLE		LAST	
2	AN ENT	0	Michae			Ste	ershic		Anna				Yuric	k
-	NA SECTION	160		DEVER IN U.S. AR			SECURITY NO.	17. INFORM			3713 I	igon	Road	
TEN.	ASSESSED NO.	1	No			214-0	14-568	Joan	ne Ste	ershic	Ellico	ott C:		21043
42	N P		18 CAUSE C	OF DEATH (Enter an	ly one cause per lin	e for (o), (b), or	A				11/1/2		APPROXIMATE BETWEEN ONS	E INTERVAL ET AND DEATH
-	A PROPERTY				TE CAUSE (a)	rrdine	Arr	151					SiMU	1+,
EST	A PACE A	1	Canditio	ins, if any, which	DUE TO, OF	R AS A CONSE		P.1.	11 -				0.1	
4	PENCIL PENCIL AMINER - TRA ENTA OR RE		gove r	ise to immediate			ular	T. Dr.	Hati	ON			111101	ites
201 W	EXECUTER IN FINANCE IN FINANCE IN FINANCE IN FINANCE IN FINANCE IN AND MILES IN ANTION, ANTION		DUE TO, OR AS A CONSEQUENCE OF Lying cause last. (c) Acute myseardial in the tion								minutes			
RECORDS,			1 1	PART 2 O HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAIED TO THE TERMINAL DISEASE OR CONDITION GIVEN APPART 1 10										
0	PED BE E MEDICE MEDICE AS A HEALTH	_ S	Hu		ion									15.75
	35 12 2 1	> 3	190. DATE D	OPERATION	19b. COND	ITION FOR WH	ICH OPERATION	WAS PERFOR	MED?				20 AUTOPSY	
OF VITAL	SHO CHIE BE US BURIA	Septience Arion	21- FYTERNI	AL CAUSE WAS	21b. TIME O	AF INTUINA	123	LIGIA INTRI	0.0000000				YES 🗌	NO B
	FICATE SH THE WOR TO THE CH TOULD BE L	4 5	UNDERLYING	G OR	HOUR A.A	M. MONTH DA	YEAR	HOW INJURY	OCCURRED	(ENTER NATURE C	OF INJURY IN ITEM I	8 PART I OR PA	ART 2]	
Sion	FO-T4=	Tagorian Tagorian	21d. INJURY	OCCURRED			19 AT HOME. 21f.	OCATION						
DIVISION	S C S C S C S C S C S C S C S C S C S C	244	WHILE AT WORK	NOT WHILE [CTORY, FARM, ETC.)		STREET		CITYO	RTOWN	co	YINU	STATE
	JER: THI VATE, W FORWA OR: PAC HE STA ND, 212		220. I cert	ify that I took charg	ge of the remains de	scribed abave,	held an Aut	арѕу 🔲,	Inspection	Inqu	iry . o	and in my a	pinion	
	SEMET S		death result	ted fram: Natu	ral causes .	Accident	, Suicide [, Homic	ide .	Undetermined	manner			
0	EXAN CERTII UID B DIREC , WITH WARY		ACTIVAL	11/1	5		. 1	TITLE (SI				-		- /
	ICAL EXA THE GER SHOULD BRAL DIR SATH, WI ORE, MAR	7	ACTUAL SIGNATURE	134.01	mich	ien	M.W.	M. Dellis		MEDICAL E	CAMINER	DATE	ED 10/2	186
	MONE A S	1	EXAMINER'S	NAME # 11	Miday	F11/	10. 1.	/	7051 1	Silly	MILL	Vik	21/2	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	72	(TYPE OR PR	ATION, REMOVAL	THE DAYS	100 1	AE OF CEMETERY	_ADDRESS_	20V I	23d LOCATIO	n cy	41	44	
-		230	Burial Burial	ATION, KEMOVAL	10/31/85		stlawn C			CITY OR TOWN	ottsvi]	cou		land
07/84 25M	BP	24		CTOR							TRAR, 256 REC			Lanu
	DHMH - 17 (VR A15 ME (5))		Lenoy M.	& Kusse	II C. Wit	zke Fun	eral Hon	es P.A	OT 2	9 1985	gilia de	widow	foodelle.	Ť
	DHMH - 17	24		CTOR Russe	11 C. Wit						TRAR, 256 REC	SISTRAR'S		Tand



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE - STATE 309073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN X MONTH 2h HOUR TYPE OR PRINTI ESTI-DEATH MATED Willard 10/30/10 85 Richard 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 10/30/1985 AM MALE WHITE JULY 14, 1947 38 A BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Howard County EST VIRGINIA WIDOWED DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DISTRIBUTOR Columbia Highs Store, Cradlerock Way POST NEWSPAPER 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 20794 HOWARD **JESSUP** NO [X 8017 RED JACKET WAY JESSUP 14: FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST WILLARD CLYDE AGNES MARTE PAINTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 20794 NO 212-54-5138 BRENDA J. WILLARD 8017 RED JACKET WAY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Stabwound of Chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURL YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR HOOLAND MONTH DAY YEAR 5:11 PARAM 10/30/85 subject stabbed CONTRIBUTING CAUSE OF DEATH 21e, PLACE OF INJURY (AT HOME 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Highs store Sidewalk in front of Store, Craddel 17a. I certify that I took charge at the remains described above, held on Inspection . T. Inquiry and in my opinion Homicide X Undetermined manner EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) 10/30/85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. 23a. BURIAL, CREMATION, REMOVAL III DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 11/4/85 WESTVIEW MEMORIAL PARK CATONSVILLE MARYLAND 07/84 LEROYEAM, RUSSELL C. WIEZKE FUNERAL HOME COLUMBIA NOV CA 1005 25M **DHMH - 17** (VR A15 ME (5)) 5555 TWIN KNOLLS RD. COLUMBIA MARYLAND 21045

288080 | DECEAS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).					
1	DECEASED NAME FIRST	MIDDLE	LAS	T	20 DATE OF DEATH	MONTH DAY		26 HOUR ATA			
L	Mage	gie May	Wo	od	October	3, 19	85	6:40 AM			
1	SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.			
ı	Female	Caucasian	May 20, 1899		86	INTRO UATS HOURS MIN.					
17	O. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUNTY OF DEATH						
7	Virginia	USA	WIDOWED		Howard County MD.						
1	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR	OTHER INSTITUTION	126 USUAL OCCUPATION 126, KIND OF BUSINE						
1	Columbia	Lorien Nurs		ome	Housewife Home						
1	130. STATE 13b COUN	ROTHER INSUIT TION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOWN L timore Catons	N . 11	36. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2029 Nor!	ZIP CODE hurst	Way	21228			
T	FATHER'S NAME FIRST Joseph	MIDDLE Brown		S MOTHER'S MAIDEN NA/ LUCY	WE	CU	Cr	eswell			
1	60 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 212-18-		17 INFORMANT N. D. J. 2028 Norhurst Way							
ŧ		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))									
4	PART I. DEATH WAS CAUSE	TE CAUSE (a) Sehve	1				APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH				
ı		DUE TO, ORAS A CONSEQUENCE OF									
П	Conditions, if ony, which	geo	ees.								
l	gove rise to immediate cause (a), stating the underlying cause last										
١	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
1	o Congestes	a Hear Touch	un-	Hypertens	in- Che	mie L	remu	26.227			
7	CONYLINA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O					
1					YES NOW	YES [NO 🗌			
	OR CONTRIBUTION CALLES OF DE			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)				
ı	CIFETTHER NOTHY MEDICAL EXAMINES	21e. PLACE OF INJURY		211 LOCATION	CITY OF LOV	NA PARA	COUNTY	STATE			
ı	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE FA	ARM EIC)	SIKEEL	CHYOKIO	414	COUNT	STATE			
1		ital) ottended the deceosed from	frelig	8 19 8)	_, to Det	2 19	-	That (I) (we) last			
1	saw the deceased alive on abave, (1) (we) (did) (did no	of view the bady after death.	, and	that in (my) (our) opinion (deoth occurred on the do	te and hour a	nd fram the	causes stoted			
ı	226 SIGNATURE	22c. DATE	SIGNED								
1	Mulganos	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN TO DIRECTOR PHYS									
1	Aleigned yo	7// 2	21228.								
12	30 BURIAL, CREMATION, REMOVAL	Mejia M.D. 236. N	IAME OF CE	METERY OR CREMATORY							
	Burial	На		Grove Ch		Middl	esex	VA STATE			
2	14 FUNERAL DIRECTOR	301 Fr	reder	LCK Rd 250. DAT	E REC'D. BY REGISTRAR	756. REGISTRA	R'S SIGNAT	URE			
1	MacNabb Funera	al Home Catons	svill	e, Md	DET 4 0 10	5 yoka	Davids	on-Pandall			
-					001 1 0 100	62					

DHMH - 16 60M 7/84 (VRA 15, 4)

